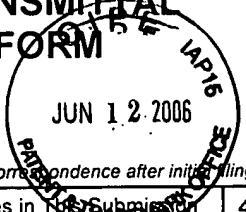
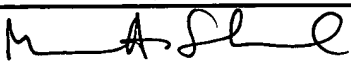
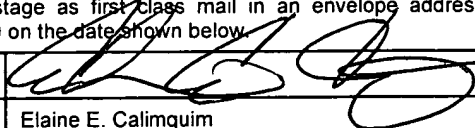


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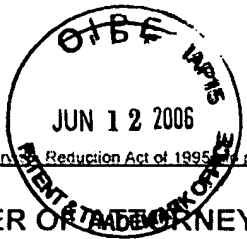
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	09/760,917	
	Filing Date	January 16, 2001	
	First Named Inventor	Mohamed M. Haq	
	Art Unit	3626	
	Examiner Name	Lena Najarian	
Total Number of Pages in This Submission	4	Attorney Docket Number	50016-2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 502811. A duplicate copy of this form is attached for that purpose.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Brown Raysman Millstein Feldman & Steiner, LLP 303 Twin Dolphin Drive, Suite 600 Redwood Shores, CA 94065		
Signature			
Printed Name	Marc A. Sockol		
Date	June 7, 2006	Reg. No.	40,823

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Elaine E. Calimquim	Date	June 7, 2006

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/760,917
Filing Date	January 16, 2001
First Named Inventor	Mohamed M. Haq
Title	A Computer System for Assisting Physician
Art Unit	2166
Examiner Name	Lena Najarian
Attorney Docket Number	(New) 50016-2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

58773

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

5/8/06

Name

Mohamed M. Haq, M.D.

Telephone

(713) 947-2142

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 forms are submitted.

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